

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <u>Tawanda R. Weatherspoon</u>		COURT CASE NUMBER <u>CA-06-009-KAJ</u>	
DEFENDANT <u>Detective Marzec et al.</u>		TYPE OF PROCESS <u>C/O</u>	
<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Mr Colm F Connolly</u>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>1007 Orange St Suite 700, P.O. Box 2046 Wilmington DE 19899</u>		
<b>AT</b>			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <u>Tawanda R. Weatherspoon</u> <u>9008 Greentop RD</u> <u>Lincoln DE 19960</u>		Number of process to be served with this Form - 285	<u>1</u>
		Number of parties to be served in this case	<u>6</u>
		Check for service on U.S.A.	<u>*</u>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
Fold

Pauper Case

Signature of Attorney or other Originator requesting service on behalf of: <u>Shawanda Weatherspoon</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>302-422-9337</u>	DATE <u>2-27-06</u>
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk <u>BF</u>	Date <u>3-8-06</u>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <u>Sharon Bryan - Admin Asst.</u>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service <u>3/30/6</u>
	Time <u>4 30</u> <u>pm</u>
	Signature of U.S. Marshal or Deputy <u>[Signature]</u>

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

